

CLAIMS ONLY							Application Number <i>10/666666</i>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<i>3</i>									
Total Depend	<i>12</i>									
Total Claims	<i>15</i>									

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